

# **Opening and Managing a Casualty's Airway**

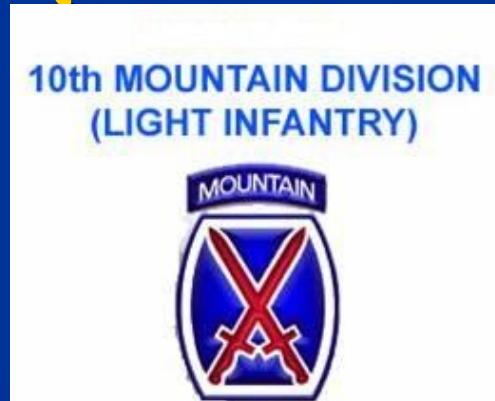
## **Module 3**

**Objective:**

**Open the airway of an unconscious casualty, and how it can be maintained.**

**Airway Adjuncts: what are they?**

**The Question of CPR**



# Opening and Managing a Casualty's Airway (Cont'd)

- If the casualty responds to your question "Hey, hey, are you Ok?" then after your treatment, place the casualty on his side, with his arm tucked under his head. (This is called the Recovery position )
- If Casualty is not alert, consider inserting a nasopharyngeal airway from casualties IFAK pack

# Airway Management

- If you have to leave a casualty for any reason, place the casualty in the recovery position.
- Detail a soldier to monitor casualty's condition.

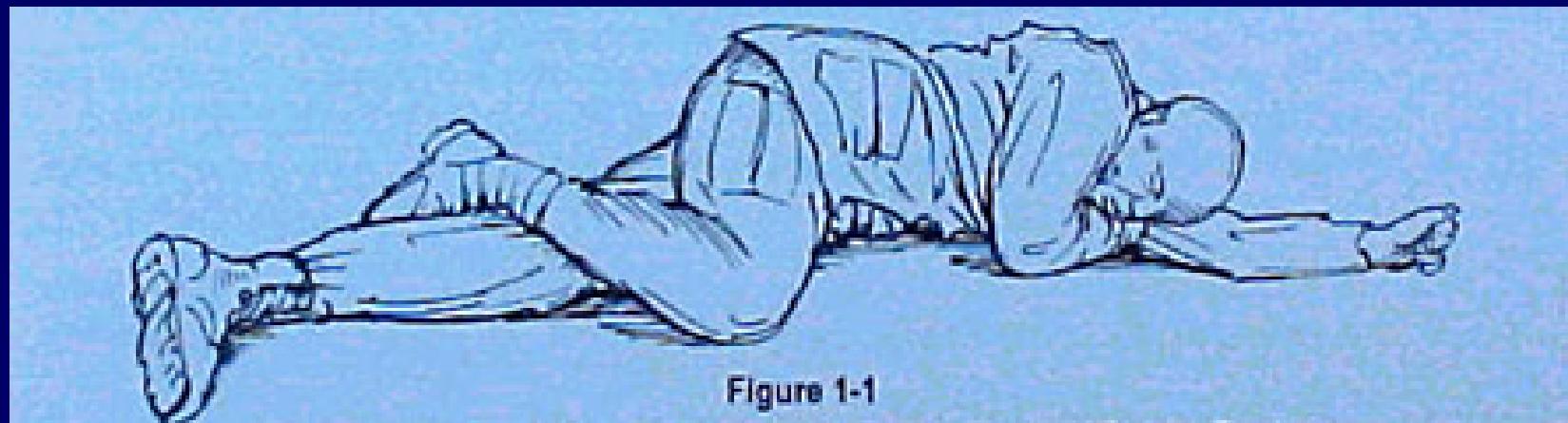


Figure 1-1

# Anatomy - Upper Airway



- Tongue
- Noisy ventilations = obstructed airway
  - Gurgling and snoring
  - Stridor and wheezing



# No Airway = No Patient



# Opening and Managing a Casualty's Airway (Cont'd)

- Determine their Responsiveness level
  - A
- Casualty is Alert and is aware of Place, time, and events.
  - V
- Casualty is not alert, but responds to verbal stimuli
  - P
- Casualty's body responds to painful stimulus, like Sternal rub, ear lobe pinch, etc...
  - U
- There is no response whatever from the Casualty

# Opening and Managing a Casualty's Airway (Cont'd)

- **Open airway of unconscious patient**
- **Unconscious patients will relax muscles, so this causes the tongue to fall back, blocking the airway.**
- **The Tongue is the most common form of obstruction in an unconscious patient.**
- **Use the Head-Tilt / Chin-Lift method to open their airway. Secure by inserting an NPA.**

# **Opening and Managing a Casualty's Airway (Cont'd)**

- **Head-Tilt / Chin-Lift Method**
- **One hand against forehead, one hand grasping chin lightly, and open the airway.**
- **This method allows you to move to the next patient, and provide care, while not having to maintain “hands on” to keep airway open.**

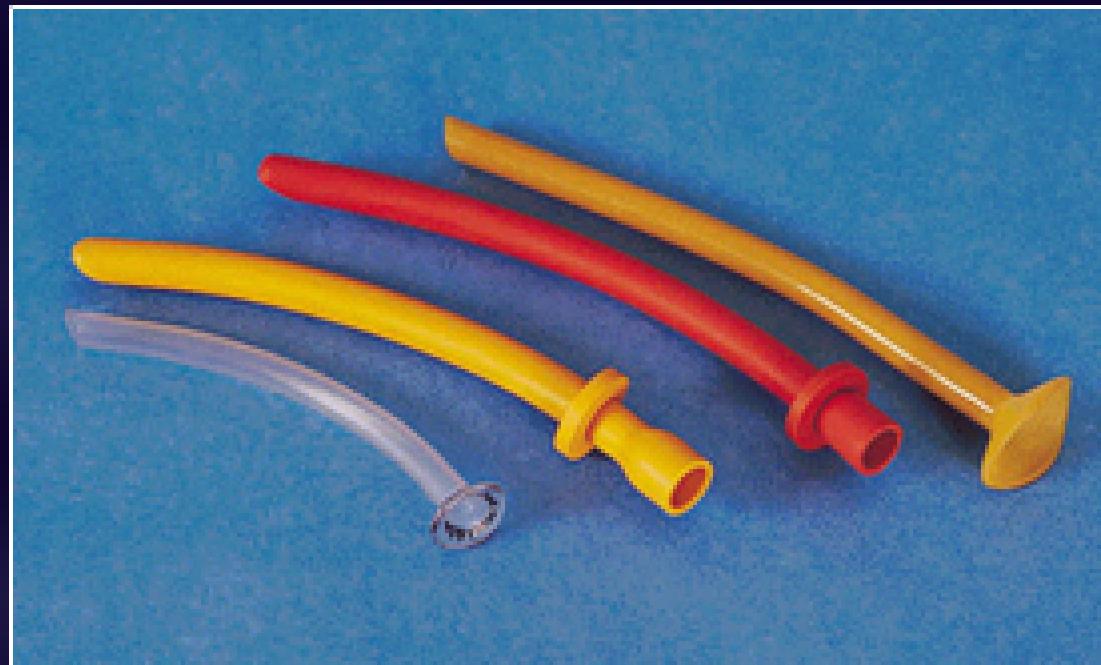
# Opening and Managing a Casualty's Airway (Cont'd)

- Less than 1% of all battlefield casualties have neck or spinal injury
- Only suspect neck or spinal injury in casualties
  - Falls from 15 feet or higher
  - Fast rope or Airborne operations
  - Motor vehicle / Military vehicle accidents
- **If Spinal injury suspected—INSERT AN NPA**  
**(if no head injury is suspected)**

# Opening and Managing a Casualty's Airway (Cont'd)

- **Airway Adjuncts**
- **Keeps Casualty's airway open in case they get worse**
- **IFAK Pack has a Nasopharyngeal Airway in each one. Airway should be pre-measured to specific soldier**

# Nasopharyngeal Airway (NPA)



When would you use this device?  
What are its limitations?



# Opening and Managing a Casualty's Airway (Cont'd)

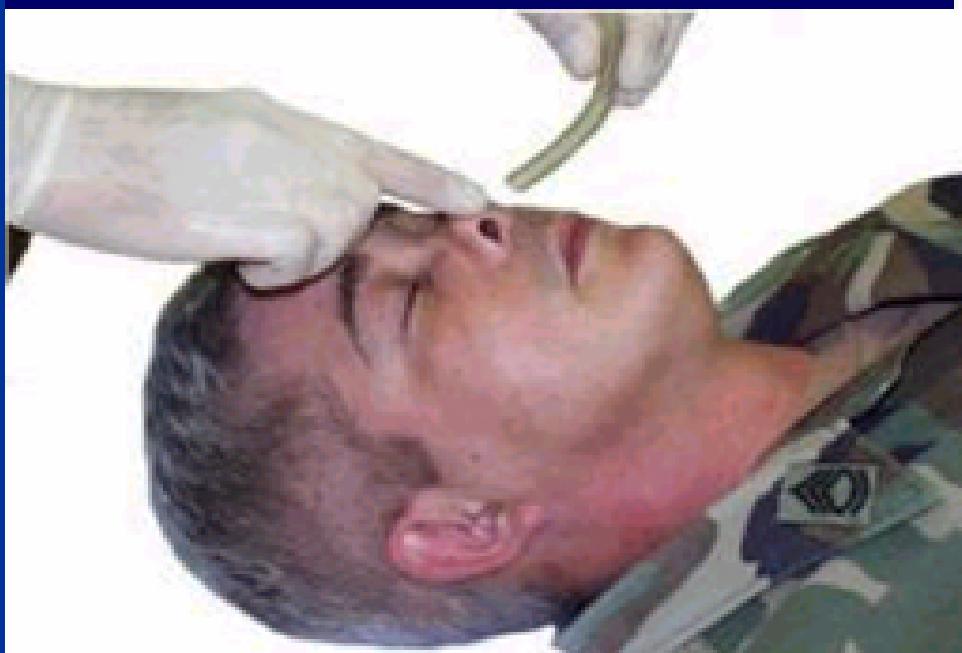
- **Insertion of a Nasopharyngeal Airway**
  - **DO NOT INSERT IF**
- **Roof of mouth is fractured, and/or brain matter is exposed, or severe facial trauma**
- **Clear fluid is observed coming from ears or nose ( This could be Cerebrospinal fluid indicating a skull fracture)**

# **Opening and Managing a Casualty's Airway (Cont'd)**

- **Place casualty on back**
- **Lubricate the NPA**
- **Insert with the bevel (Shallow opening side of tube) facing the Septum ( middle of the nose )**
- **Insert on the right side.**
- **Allow it to turn if it begins too- it probably will.**
- **Insert until the Flange rests against the nostrils.**

# Nasopharyngeal Airway

- ✓ Measure for proper size
- ✓ Use sterile, water soluble lubricant
- ✓ Insert with bevel towards septum
- ✓ If resistance is met, try other nostril



# Opening and Managing a Casualty's Airway (Cont'd)

## ■ CPR?

- If a victim of a blast or penetrating injury is found without a pulse, respirations, or other signs of life,

**Do Not attempt CPR**

- Three instances where CPR may be beneficial

- Near drowning
- Electrocution
- Hypothermia

# Opening and Managing a Casualty's Airway (Cont'd)

- 138 trauma patients with pre-hospital cardiac arrest in whom resuscitation was attempted
- No survivors!!!
- Authors recommended No CPR in cardiac arrest due to trauma

Rosemurgy et al.

J Trauma 1993

TRAUMA DEAD IS DEAD!

# **Opening and Managing a Casualty's Airway (Cont'd)**

**CPR performers may get killed**

**Mission gets delayed**

**Casualty stays dead**

# **Opening and Managing a Casualty's Airway (Cont'd)**

- **Rescue breathing**
- **If casualty has a pulse, but is not breathing you may assist in rescue breaths**
- **Ventilate Casualty at a rate of 1 breath every 5 seconds.**
- **Re-evaluate after several minutes.**  
**Reevaluate need to rescue breathe based on mission.**

# Opening and Managing a Casualty's Airway (Cont'd)

## TRIAGE Note

- If you have **multiple casualties, open airways of patients, insert NPA, and move on to the next one.**
- **NO RESCUE BREATHING in MASS CASUALTY situations.**

# QUESTIONS?